

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED NO.

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8	1		1			
9		1				
10		1				
11		1				
12		2				
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50						
TOTAL IND.	2		2			
TOTAL DEP.		12		12		
TOTAL CLAIMS		14		14		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						